

Substance Abuse Services Council Retreat

Summary

**English Inn, Charlottesville, Virginia
November 8-9, 2006**

Present: Jennie Amison, James Ashton, Ken Batten, Joe Battle, Mark Blackwell, Lynette Bowser, Terri-Anne Brown, Angela Coleman, Mike Fragala, Debra Gardner, Patty Gilbertson, Jennifer Johnson, Janice Hicks, Malcolm King, James May, Hope Merrick, Zandra Relaford, Scott Reiner, Rudi Schuster, Freddie Simons, Inge Tracy, Julie Truitt, Charles Walsh, Ryant Washington, Will Williams, Judy Burtner (facilitator), and Kathryn Burruss (recorder).

Objectives:

1. Clarify the role of the Council relative to the enabling legislation
 2. Become familiar with existing resource documents and a current study
 3. Identify and prioritize potential areas for work
 4. Develop a realistic work plan for the coming year
 5. Identify Council members' role in leading the implementation of the work plan
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Hopes for the Session

Members, working in pairs, introduced their partner and shared the person's hope for the session. They were as follows:

1. To develop a plan that would allow the substance abuse issues of women of child bearing age to be addressed
2. To reach consensus on three objectives for the year
3. To have a clear idea of the Council's standing on substance abuse and corrections
4. To develop short- and long-term plans to meet the needs of those who are substance abusers
5. To develop a plan to obtain and mainstream funding for treatment
6. To increase the systems' capacity to a reasonable level
7. To create a reasonable plan that is doable and includes prevention
8. To become more familiar with the Council and learn where I might make a contribution
9. To focus on one job, get direction, and accomplish the goals of the Council
10. To become more focused
11. To see the Board become more active in increasing the parity level of the field
12. To develop a plan with real action
13. To clarify how the Council operates within government and advocate to push changes forward

14. To develop a plan that will include professional standards for service providers
 15. To develop a plan that includes prevention and take to the next step
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Review – Enabling Legislation

J. Truitt reviewed the enabling legislation and reminded members of the Council's duties as listed in the legislation. A copy of the code was distributed to members in their packets so her comments are not summarized here. During discussion the following comments were made:

1. There is a need for additional resources to support the Council.
 2. Agency heads have to answer to their own secretary and are also representing the secretaries on the Council.
 3. The duties aren't realistic, i.e., the reviewing of agency budgets.
 4. There is a need to educate the General Assembly.
 5. There are issues within the Council, which include a) infrastructure, b) what's not working, and c) a need to think about where the resources are put and where/how they are directed.
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Overview – Existing Resource Documents and a Current Study

To set the stage for goal setting, presentations were made on the following resource documents and a current study. The presentations are not summarized here since all participants received copies of the presentations in their packets.

1. Blueprint for the States—Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment—Julie Truitt
2. The Office of the Inspector General's (OIG) Review of CSB Substance Abuse Outpatient Services for Adults—Ken Batten
3. Activities of the Commission on Mental Health Law Reform—Patty Gilbertson

Following P. Gilbertson's presentation relative to the Commission on Mental Health Law Reform, a motion was made by W. Williams and seconded by K. Batten to have Gilbertson write a letter to the Chief Justice asking that a member of the Council be appointed to the Commission.

Identification – Potential Work Areas for Coming Year

In preparation for identifying potential work areas for the Council, each member wrote on an index card no more than three potential topics/areas for work. Working in small groups, they shared with each other what they had written on their cards and collectively, chose no more than three areas/topics for work, and ranked them in priority order. Each group reported their three areas:

Group A

J. Amison, Joe Battle, Mike Fragala, and Will Williams

1. Meet with the governor or his designee at least two times a year

2. Work with the Governor's office to develop an initiative for funding to support substance abuse and prevention work
3. Increase access to on demand and treatment across all domains

Group B

J. Ashton, A. Coleman, T. Brown, D. Gardner, J. May,

1. A Virginia specific study (data driven/cross system data) to study the impact of addiction in Virginia and how services are funded
2. Find high profile and legislative advocates for substance abuse issues
3. Funding policy issues and targeted revenue streams (user fees on alcohol and tobacco products)

Other thoughts from this group included:

1. Narrow priorities to deal with key issues (i.e. treatment). What are the critical issues? Define the critical issues and focus on those.
2. Funding is an issue due to capacity challenges.
3. The Virginia specific study mentioned above should also include a) Who would fund study? b) What research questions should be answered? c) An independent organization should conduct the study? and d) What about JLARC?

Group C

P. Gilbertson, M. King, Z. Relaford, R. Schuster, C. Walsh

1. Support the three major initiatives which include a) COSIGS initiative infrastructure, data collection system, b) OIG report for substance abuse outpatient (limited to) and future studies, c) Commission on Mental Health Law Reform

Group D

J. Truitt, J. Hicks, F. Simons, I. Tracy, R. Washington

1. Systems logic model for substance abuse prevention and treatment in Virginia—to guide policy, program funding, gap analysis, etc.
2. Education and marketing—legislators, public, and coalitions, etc.
3. Collaboration for integrated services—public and private—turf issues

Group E

K. Batten, M. Blackwell, H. Merrick, J. Johnson, S. Reiner

1. The SASC needs to examine its unique contribution to the discussion above/beyond another voice in the choir and how it can maximize our value/impact

Each group reported the ideas for potential work for the coming year. It was noted that the reports were diverse in that there was not a clear consensus on work to be done. There was continued consensus with the following points made:

1. There is a need for advocacy directed at the legislators, the Governor, and non-political audiences.
2. The time is now for us to be radical and move toward a definite process to meet the needs of the consumers.
3. We need to define “who are we” and not limit that definition to just what is in the Code. We need to move ahead using our talents and energy.
4. We need a logic model to guide our efforts.
5. The process we use and the content (needs to be clear and specific) must work hand-in-hand with collaboration.
6. There is internal and external business that needs to be addressed by the Council.
7. The SASC needs to examine the unique contributions we make to the discussions and how we impact and give value to those discussions.
8. We need to ask the Governor to include funding in his budget for prevention and treatment.
9. We have to find high profile persons as well as legislators who will be our advocates.
10. Education and marketing are critical.
11. We need to visit with key legislators, share the report, and ask them to champion legislation and then support them.
12. The legislators who are members of the Council need to be asked to attend the meetings and if they can not, to send a staff person.
13. We should review the tobacco legislative model and select elements that apply to our situation and implement them.
14. What is our message and does the lay person understand it?
15. There are some elements of work that we could do that do not require additional/large outlay of funding. Let’s identify those and start working on them.

Identified Action Areas

Following the above discussion, the members agreed to focus their work in three areas:

1. Advocacy and education of legislative, executive and judicial systems
2. Identification of a message—what should it be, who is it to be directed to.
Possibilities: legislative message to focus on saving money, the community message to focus on “it works” and with business a call for diversity in funding. We need to work with other associations to have a consistent message.
3. The power of the group and its use This Council has unique qualities that include producing a report where substance abuse is the core, the Council is appointed by the governor, and there are representatives from all of the interested stakeholder groups.

Members self-selected an area in which to work. They developed plans to address the area. What follows are the group reports as well as comments that were added by others during the report-out session. A lack of time did not permit the group to complete their work by setting deadlines and deciding who would be responsible for the work.

Messages—What, Who, and How

- 1) Drugs and alcohol abuse affects you!!
 - a) 50% of Virginians are in recovery
 - b) 80% of offenders
 - c) Underage drinking
 - d) 60,000 people X \$48,000
- 2) Need a marketing professional to assist with the development of the message and packaging so that it is deliverable
- 3) Who—legislative and executive
- 4) What—positive message that is audience driven
- 5) How—engage consultant for guidance

Other thoughts contributed by participants not in the group included:

- 1) Visit a prison—stigma
- 2) We need to be willing to take some **RISKS** and make some **BOLD** recommendations **IF** we ever hope to get any one's attention
- 3) We need guidance on how to engage audiences, get their attention, make them care, and we can take it from there.

Power, Sources, and Use

What Power Do We Have?	How Do We Use It
Code of Virginia—charge is from the governor and General Assembly	1. Write reports (late) and hope someone reads 2. No follow-up plan for marketing the plan 3. No one hold General Assembly or governor accountable for plans recommendations
State agency directors appointed by Code	State directors send subordinates to meetings
“Governor’s Council”	We don’t ask the governor what is important to him/her
Potential powerhouse—consumer groups	We represent a lot of different groups and need to identify other partners and use the ones we have.
	Present report to governor and ask for direction from him/her and use input.

Process:

1. Present report to legislature/governor and ask for direction in setting priorities for coming year
2. Follow up with senate finance
3. SASC members should bring information back to the agency heads

Comments that were added by members not a part of the workgroup included:

1. Present to governor on or about September 1 as it is Recovery Month
2. Previous reports have been limited in both scope of content and the technical presentation of the material by staff shortages/limitations and by how little data is clear and readily available. Staff and budget limitations are a problem.

Advocacy—Legislative/Executive/Judicial

Judicial

1. P. Gilbertson will ask the Chief Justice to appoint a SAS Council Member to the Commission on Mental Health Law Reform
2. P. Gilbertson will appoint SAARA (Mark) to the Access Task Force of the Commission on Mental Health Law Reform
3. Present substance abuse issues at judicial conference (Debra) (Joe will provide consumers)

Legislative

1. Coalition Rally January 15—distribute books on pertinent substance abuse issues
2. Encourage local legislature breakfast/lunches
3. Provide SAARA contact information to include on legislative action broadcasts
4. Have OSAS put together bulleted sheet on advocacy initiatives that have proven successful
5. Have OSAS develop (ongoing) talking points to legislative contacts—encourage face-to-face with legislators
6. Try to engage legislative appointments to the Council by having individual Council members meet with them
7. Ask legislators to send an aide if they cannot attend
8. Schedule a meeting that would be conducive for legislative appointees to attend (i.e. short and focused)
9. Send out surveys each year to assess how they view substance abuse issues

Executive

1. P. Gilbertson will set up meetings with Secretaries pending development of “message” (Commissioner/Ray Ratke)

Comments that were added by members not a part of the workgroup included:

1. I don’t know that legislators will want to “go on record” with anything substantial in a survey or take the time to do it.
2. Do not put legislators in a position of defense too early—by means of a survey.
3. We need parents, consumers, and other interested non-state agency citizens of the Commonwealth to write letters and e-mails and make phone calls to the Governor, the General Assembly and newspapers which clearly reference the Council’s report.
4. Please be careful/aware that the Council is not an advocacy group.

5. Invite legislature, judicial, executive to visit a prison—never been inside—to bring awareness.
 6. Let's begin to think outside of the box on issues and procedures.
 7. ...Legislators to get their attention on current report and ask for their feedback on issues for next year.
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The following issues were written on an index card by a member who asked that the comments be included in this summary:

- Statewide—consumer access is only partly the result of structural issues; mostly function of limited capacity.
 - Major problem in the intersection between state licensure and provider program and staff limitations; peer-support services; person-centered services.
 - CO-SIG needs to have a comparable “services list” menu, just like the I.G.’s Office’s study, that is specific to levels of functioning, service venues and types of service.
 - Three problems with focus on “Co-Occurring Disorders:” 1) all consumers soon are identified as co-occurring; 2) the mental illness soon becomes the primary focus go services because it is billable; and 3) people begin to lose sight of the fact that addiction is an independent, powerful disease.
 - Where are the state-agency partners for providing housing to people in early stages of recovery?
 - Biggest thing missing from the OIG’s report: the massive transfer of consumers from the private sector to the public sector.
 - We need a STUDY OF INSURANCE COVERAGE for SA in Virginia, TO INCLUDE INDEPENDENT survey of people who have tied to or were successful in accessing treatment through their health care insurance provider.
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